

Request to Inspect Public Records forms (CDCR-1432) are available at the reception desk. Please read the following information before requesting to inspect a record.

Requests for inspection or copying of public records:

- Should be specific, focused and not interfere with the ordinary business operations of the Department. Where a request is not specific and focused, Department staff will assist the requestor in identifying the requested information, describing the technology or physical location of the record, and providing suggestions of how to overcome the practical barriers to the disclosure. The operational functions of the Department, its facilities, institutions and offices will not be suspended to permit inspection of records during periods in which such records are reasonably required by Departmental personnel in the performance of their duties. If the request requires review of numerous records, a mutually agreeable time will be established for the inspection of the records.
- Should be directed to the office, division, branch or section of the Department which created and has ownership responsibility for the desired records and be clearly identified as a public records request. If the requestor does not know which component is responsible for the desired record(s), the request for inspection should be directed to the Office of Public and Employee Communications (OPEC) in Sacramento for routing to the appropriate official.
- Should sufficiently describe records so that identification, location and retrieval of the records can be achieved by Department personnel.
- Is encouraged to be made in writing unless the request involves records which are maintained by the Department for the purpose of immediate public inspection and should be clearly identified as a request for public records.

The Department may refuse to disclose any records which are exempt from disclosure under the California Public Records Act (CPRA) (See e.g., Gov. Code § 6254 and § 6255.)

Physical inspection of the records shall be permitted within the Department's offices, institutions or facilities and under the conditions determined by the Department. Upon either the completion of the inspection or the oral request of Department personnel, the person conducting the inspection shall relinquish physical possession of the records. Persons inspecting Department records shall not destroy, mutilate, deface, alter or remove any such records from the Department. The Department reserves the right to have departmental personnel present during the inspection of records in order to prevent the loss or destruction of records.

Upon any request for a copy of records, other than records the Department has determined to be exempt from disclosure under the CPRA, Department personnel shall provide copies of the records to any person upon payment of a fee of 12 cents per page, plus postage, to duplicate and mail the copies of the requested records.

If you have any questions which are not satisfactorily answered by local staff, please feel free to direct an inquiry to the California Department of Corrections and Rehabilitation, Office of Public and Employee Communications, 1515 S Street, Room 113 South or P.O. Box 942883, Sacramento, California 94283-0001; (916) 445-4950

REQUEST TO INSPECT PUBLIC RECORDS

CDCR 1432 (Rev. 10/06)

I request to inspect, in accordance with California Government Code (CGC) Section 6253 and the Guidelines for the Inspection of Public Records (CDCR form 1431), established by the California Department of Corrections and Rehabilitation (CDCR), records of the following name or type, maintained at the below CDCR location.

NAME OF RECORD(S) OR DESCRIPTION OF SUBJECT MATTER:**FACILITY OR OFFICE WHERE THE RECORD IS MAINTAINED:****Please mark the appropriate box**

- ☐ I do not desire to have a copy of the above record reproduced for my use.
- ☐ Reproduce a complete copy of the above named record for my use. I agree to pay postage and 12 cents for each page photocopied.

REQUESTOR'S NAME (PRINT)**REQUESTOR'S SIGNATURE****DATE****REQUESTOR'S ADDRESS:****ADDRESS****CITY, STATE****ZIP CODE****FOR DEPARTMENTAL USE ONLY****Mark the appropriate box(es) and complete the related section(s).**

- ☐ An appointment has been made for the requestor to inspect the requested record(s).

Date Time Location Signature of PRA Coordinator Authorizing Inspection Date

- ☐ The requestor has inspected the requested record(s).

Inspection Date Signature of PRA Coordinator authorizing the inspection

- ☐ The requestor has requested copies of the above named record(s).

Number of pages copied Total Cost Payment Method

- ☐ The requested record(s) is/are not considered a public record and will not be disclosed to the requestor. The requestor has been informed in writing of this decision and that the requestor may appeal this decision.

Signature of PRA Coordinator denying disclosure Date

- ☐ The extent of the inspection requested or the reproduction services required, exceeds the service that can be provided at this location. The request has been referred to the appropriate Division/Office, for further consideration.

Signature of PRA Coordinator making the referral Date

Pursuant to CGC Section 6253(c), an extension is needed to collect and review the requested record(s).

Reason: Anticipated date of determination (Not to exceed 14 days beyond the original 10 authorized days). Signature of PRA Coordinator Authorizing Extension Date